



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
United States Patent and Trademark Office
Address: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 2999

SERIAL NUMBER 09/121,152	FILING DATE 10/19/1998 RULE	CLASS 162	GROUP ART UNIT 1731	ATTORNEY DOCKET NO. 20565-0111
-----------------------------	---------------------------------------	--------------	------------------------	-----------------------------------

APPLICANTS

STEVEN SAY-KYOUN OW, TAEJEON, KOREA, REPUBLIC OF;

TAE JIN EOM, SEOUL, KOREA, REPUBLIC OF;

** CONTINUING DATA *****

This application is a CON of 08/239,313 05/06/1994 PAT 5,785,809
and is a CIP of 07/518,935 05/04/1990 ABN

which

** FOREIGN APPLICATIONS *****

REPUBLIC OF KOREA 6514/1989 05/16/1989

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 07/01/1999

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY KOREA, REPUBLIC OF	SHEETS DRAWING	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>Dana Kennedy</i> Initials <i>AK</i>				

ADDRESS

23579
PATREA L. PABST
PABST PATENT GROUP LLP
400 COLONY SQUARE
SUITE 1200
ATLANTA, GA
30361

TITLE

BIOLOGICAL DE-INKING METHOD

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)

<p>RECEIVED 967</p>	<p>No. _____ for following:</p>	<table border="1"> <tr> <td><input type="checkbox"/></td> <td>1.18 Fees (Issue)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Other _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Credit</td> </tr> </table>	<input type="checkbox"/>	1.18 Fees (Issue)	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	Credit
<input type="checkbox"/>	1.18 Fees (Issue)							
<input type="checkbox"/>	Other _____							
<input type="checkbox"/>	Credit							